

9520

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated IN FULL. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Graham</u>	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>157</u>
District	<u>Safford</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. _____
Town or City	<u>Pima</u>	No. _____	Local Registrar's - No. <u>1246</u>
		(If death occurred in a hospital or institution, give its NAME instead of street number)	
2. FULL NAME <u>Paul Matthews</u>			
(a) Residence. No. _____		St. _____ Ward _____	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred <u>X</u> yrs. <u>X</u> mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>			
6. DATE OF BIRTH (month, day and year) <u>Jan. 31, 1929</u>			
7. AGE	Years	Months	Days
			IF LESS than 1 day 2 hrs. or min.
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work _____			
(b) General nature of industry, business or establishment in which employed (or employer) _____			
(c) Name of employer _____			
9. BIRTHPLACE (city or town) (State or country) <u>Graham, Ariz.</u>			
10. NAME OF FATHER <u>Frank H. Matthews</u>			
11. BIRTHPLACE OF FATHER <u>Boyer, Ariz.</u> (city or town) (State or country) <u>Graham, Ariz.</u>			
12. MAIDEN NAME OF MOTHER <u>Ellen Holey, Ariz.</u>			
13. BIRTHPLACE OF MOTHER <u>Utah</u> (city or town) (State or country)			
14. Informant (Address) <u>Frank A. Matthews</u>			
15. Filed <u>Feb. 9, 1929</u> <u>J. N. S. Matten</u> H. B. Local Registrar.			
V. S. No. 1 _____ County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>Jan 31, 1929</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>Jan 30, 1929</u> to <u>Jan 31, 1929</u>			
that I last saw her alive on <u>Jan 31, 1929</u>			
and that death occurred, on the date stated above, at <u>1</u> a.m.			
The CAUSE OF DEATH* was as follows: <u>Premature birth</u>			
(duration) yrs. mos. ds.			
CONTRIBUTOR (Secondary) <u>1610</u>			
(duration) yrs. mos. ds.			
18. Where was disease contracted if not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? <u>Restyden</u> M. D.			
(Signed) <u>1/31/29</u> (Address) <u>Pima, Ariz.</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Boyer, Ariz.</u>		DATE OF BURIAL <u>Jan 31, 1929</u>	
20. UNDERTAKER <u>Frank A. Matthews</u>		ADDRESS <u>Pima</u>	